

## Application Instructions

Snohomish County's LakeWise program will provide up to \$200\* in rebates to qualified properties for septic system inspections (\$100 per property) and/or riser installation (\$50 each/up to 2 per property).

Follow these four steps to apply:

- ▶ **Confirm rebate eligibility**  
See full eligibility details at [www.lakewise.org](http://www.lakewise.org).
- ▶ **Find a certified provider (certification required)**  
Find Snohomish Health District certified providers at [www.snohd.org/septic](http://www.snohd.org/septic) - see info box to right.
- ▶ **Conduct inspection or riser installation**
  - Save the receipts as proof of payment.
  - Ensure your provider submits a report to the Snohomish Health District's online DAVE system.
- ▶ **Send this completed rebate form & receipt copy to:**  
Snohomish County,  
3000 Rockefeller Avenue M/S 607  
ATTN: LakeWise Rebate Program  
Everett, WA 98201  
**OR** Email to [lakes@snoco.org](mailto:lakes@snoco.org)

### Finding a Certified Provider

Certification requirements for each rebate activity type are as follows:

#### Riser Installation

Contractors must be certified as a Monitoring & Maintenance Specialist or Pumper.

#### Septic System Inspection

Contractors certified as a Monitoring & Maintenance Specialist can inspect all systems. Gravity systems can also be inspected by certified Pumpers.

*We recommend contacting at least 3 qualified providers to obtain the best service and pricing.*

*\*Funding for rebates is limited & will be issued on a first-come, first-served basis until funding is exhausted. Applications must be received by Dec 31, 2016.*



## Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Site Address: \_\_\_\_\_  
Address City State Zip

Mailing Address: \_\_\_\_\_  
Address City State Zip

Email Address: \_\_\_\_\_

## I am requesting a rebate for one or both of the following:

☐ **Septic System Inspection (\$100)**

System Type: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Company: \_\_\_\_\_

☐ **Riser Installation (\$50 each up to 2)**

Installation Date: \_\_\_\_\_

Company: \_\_\_\_\_

# of Risers Installed ☐ 1 or ☐ 2

Location(s): \_\_\_\_\_

**I certify the submitted information is correct:**

X \_\_\_\_\_

Property Owner Signature

*Snohomish County reserves the right to verify information prior to payment authorization.*

### For Office Use only:

Charge Code: WO-480-4-4101 WMA: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_